

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
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TOTAL DEP.	25	→	→	→						
TOTAL CLAIMS	29	████	████	████	████	████	████	████	████	████

CLAIMS							TOTAL IND.	TOTAL DEP.		
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